1416187

SEC 1972 (6-02)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

RECEIVED

OCT 2 3 2007

UNIFO

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden hours per response.. 16.00

SEC USE ONLY								
Prefix Serial								
DAT	E RECEI	VED						

Name of Offering ([] check if Common Stock	this is an am	nendment and nam	e has changed,	and indica	ite change	.)	
Filing Under (Check box(es) t Type of Filing: [X] New Fil		[X] Rule 504	[] Rule 505	[] Ru	le 506	[] Section 4(6)	[] ULOE
		A. BASIC ID	ENTIFICATION	ON DAT	4	1 155777 2011 1050 45111 1050 1151	MET BUILD WET 1721
1. Enter the information reque	sted about th	e issuer	 -				_
Name of Issuer (check if this i BAKESPACE, INC.	s an amendm	nent and name has	changed, and ir	ndicate ch	ange.)	070793	51
Address of Executive Offices 7510 Sunset Blvd., Suite 115		er and Street, City, les, California 90		e)	-	ne Number (Including 538-2253	g Area Code)
Address of Principal Business (if different from Executive O		(Number and Stre	et, City, State,	Zip Code)	Teleph	one Number (Includi	ng Area Code)
Brief Description of Business online social networking							
Type of Business Organization	1						<u> </u>
[X] corporation	[]1	limited partnership	, already forme	d	[] other	(please specify):	OCESSED
[] business trust	[]	limited partnership	, to be formed				CT 2 9 2007
Actual or Estimated Date of In Jurisdiction of Incorporation o	r Organizatio	•	[08] [er U.S. Postal S			ual [] Estimated	HOMSON INANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[]	Promoter	[X]	Beneficial Owner	[X]	Executive Officer	[X]	Director []	General and/or Managing Partner
Full Name (Last name fir	st, if i	individual)	Bab	ette Pepaj					
Business or Residence A	ddress	s (Number	and Str	reet, City, State, Zip	Code)	7510 Sunset Blvc	I., Suite	e 1150, Los A	angeles, CA 90046
Check Box(es) that Apply:	[]	Promoter	[]	Beneficial Owner	[]	Executive Officer	[X]	Director []	General and/or Managing Partner
Full Name (Last name fir	st, if i	individual)	Gar	y Aminoff					
Business or Residence Ad	ddress	(Number	and Str	eet, City, State, Zip	Code)	7510 Sunset Blvd	., Suite	e 1150, Los A	ngeles, CA 90046
Check Box(es) that Apply:	[]	Promoter	[]	Beneficial Owner	[]	Executive Officer	[X]	Director []	General and/or Managing Partner
Full Name (Last name fir	st, if i	individual)	Melo	ly Pepaj					
Business or Residence Ac	ddress	(Number	and Str	eet, City, State, Zin	Code)	7510 Sunset Blvd	Suite	1150. Los A	ngeles, CA 90046

Check 1	Box(es) th	at Apply:	[]	Promoter	[X]	Beneficial (Owner	[]	Executive Of	ficer []	Directo	or []		
Full N	ame (Las	t name fi	rst, if i	ndividual)	eVest	Holdings,	LLC – I	Bakespa	ce Series			_ **		
Managing Partner Full Name (Last name first, if individual) eVest Holdings, LLC – Bakespace Series Business or Residence Address (Number and Street, City, State, Zip Code) 4859 W. Slauson Ave., Ste. 546, Los Angeles, CA 9005 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary – YES – see attachment) B. INFORMATION ABOUT OFFERING 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? Answer also in Appendix, Column 2, if filing under ULOE. 3. Does the offering permit joint ownership of a single unit? Yes No [X] [] 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, and yournalission or similar remuneration for solicitation of purchasers in commenction with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) N/A States in Which Person Listed Has Solicited or Intends to Solicit Purchasers [] All States [] All States [] All J [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HH] [ID] [] [IL] [
Check 1	Box(es) th	at Apply:	[]	Promoter	[]	Beneficial (Owner	[]	Executive Of	ficer []	Directo	or []		
Managing Partner Full Name (Last name first, if individual) eVest Holdings, LLC – Bakespace Series Business or Residence Address (Number and Street, City, State, Zip Code) 4859 W. Slauson Ave., Ste. 546, Los Angeles, CA 9005 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary – YES – see attachment) B. INFORMATION ABOUT OFFERING 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?														
Busine	ss or Re	sidence A	ddress	(Number	and Str	eet, City, St	ate, Zip	Code)					<u>.</u>	
Check 1	Box(es) th	nat Apply:	[]	Promoter	[]	Beneficial (Owner	[]	Executive Of	ficer []	Directo	or []		
Full N	ame (Las	t name fi	rst, if ir	ndividual)			·							
Busine	ss or Re	sidence A	ddress	(Number	and Str	eet, City, St	ate, Zip	Code)						•
	a	se blank	sheet,	or copy a	nd use	additional	copies	of this s	heet, as nece	ssary – `	YES – see	attac	hment)	
	•	- <u>-</u> .			В. І	NFORMA	TION A	BOUT	OFFERING	3				
1. Has	the issue	r sold, or	does th							_	*******			
2. Wha	it is the n	ninimum	investn	nent that v	vill be a	eccepted fro	m any ir	ndividua	ıl?	•••••			-	Ma
3. Doe	s the offe	ering pern	nit join	t ownershi	p of a s	single unit?.	*************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************					
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary – YES – see attachment) B. INFORMATION ABOUT OFFERING 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?														
Full Na	ame (Las	t name fi	rst, if ir	ndividual)	N/A									
Busine	ss or Res	idence A	ddress	(Number a	and Stre	eet, City, St	ate, Zip	Code) N	\/A					
Name	of Assoc	iated Bro	ker or I	Dealer N/	Α				, , , , , , , , , , , , , , , , , , , 					
							licit Pur	chasers		[] All State	s		
_														
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]] [NY]	[NC]	[ND] [OH]	[OK]	[OR]	[PA]	
լայ	زعدا	رحدر	[114]	[17]	[01]	[+1]	ιτΔ	[#4	'J [***]	[44,1]	[44.1]	Į, K	1	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the				
transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already				
exchanged.		Aggregate	An	ount Already
Type of Security		Offering Price		Sold
	\$_	0	\$	0
Equity	\$_	200,000	\$	200,000
[X]Common []Preferred	Ξ			
Convertible Securities (including warrants)	\$	0	\$	0
Partnership Interests	s—	0	\$	0
	\$	0	\$	0
	\$	200,000	\$	200,000
Answer also in Appendix, Column 3, if filing under ULOE.	•		•	200,000
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Aggre	
	_			r Amount
	V	lumber Investors	_	rchases
Accredited Investors	_		\$	150,000
Non-accredited Investors	_	8	\$	50,000
Total (for filings under Rule 504 only)	_	9	\$	200,000
Answer also in Appendix, Column 4, if filing under ULOE.				
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
Time of offering	T	ype of Security		r Amount
Type of offering		BT/A	Sold	
Rule 505 Regulation A	_	N/A	\$	
Rule 504	_	N/A		
	_	N/A	»	
Total	-	N/A	ֆ	
of the securities in this offering. Exclude amounts relating solely to organization				
expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
Transfer Agent's Fees				[]\$ 0
Printing and Engraving Costs				[]\$ 0
Legal Fees				[X] \$3,000
Accounting Fees				
Engineering Fees				[]\$0
				[]\$ 0
Sales Commissions (specify finders' fees separately)				[]\$0
Other Expenses (identify) Total				[] \$500 [X]\$3,500
b. Enter the difference between the aggregate offering price given in response to Part C - furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proc				\$196,500
				,

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Officers,	
	Directors, &	Payments To
	Affiliates	Others
Salaries and fees	[]\$ <u> </u>	[]\$ <u> </u>
Purchase of real estate	[]\$0_	[]\$0
Purchase, rental or leasing and installation of machinery and equipment	[]\$	[]\$0
Construction or leasing of plant buildings and facilities	[]\$0	[]\$0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer		
pursuant to a merger)	[]\$0	[]\$0
Repayment of indebtedness	[]\$0	[]\$0
Working capital	[]\$0	[X] \$ <u>196,500</u>
Other (specify):	[]\$0	[]\$0
Column Totals	[]\$0	[]\$0
Total Payments Listed (column totals added)	[X] \$1	196,500

Payments to

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
BAKESPACE, INC.	- Sibilt	October 15, 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Babette Pepaj	President	

•	ATTENTION
	TRI LEWIS CO.
	Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)
	intentional misstatements of outlistons of fact constitute feach at chilling a violations, (see 10 0.5.0. 1001.)

	E. STATE SIGNATURE		
1-0	presently subject to any of the disqualification p		√o X]
	See Appendix, Column 5, for state response.		
Form D (17 CFR 239.500) at such times as re-			
3. The undersigned issuer hereby undertakes issuer to offerees.	to furnish to the state administrators, upon writt	en request, information furnished	1 by the
limited Offering Exemption (ULOE) of the s of this exemption has the burden of establish	issuer is familiar with the conditions that must be tate in which this notice is filed and understanding that these conditions have been satisfied. We see that these contents to be true and has duly caused the	that the issuer claiming the avai	lability
Issuer (Print or Type)	Signature	Date	
BAKESPACE, INC.	Sant Al	October <u>/</u> 1200	7
Name of Signer (Print or Type)	Title (Print or Type)		
Babette Pepaj	President		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					APPENDIX									
1	2		3	Disqua			4							
	Intend	to sell	Type of security and aggregate					under State ULOE (if yes, attach						
1	to non-ac				Туре о	f investor and		explanation of						
	investors		offered in state		amount p	urchased in State			granted)					
	(Part B-	Item 1)	(Part C-Item 1)		(Par	t C-Item 2)		(Part E	Item 1)					
				Number of		Number of								
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No					
AL		1.0		investors	1 Hilloune	in Colors	7 mount							
AK														
AZ								,						
AR								,, .						
СА	Х		Common Stock \$200,000	1	\$150,000	8	\$50,000		Х					
СО														
CT														
DE														
DC														
FL														
GA														
HI														
IL														
IN							· · · · · · · · · · · · · · · · · · ·							
ĪΑ				i i										
KS					······································									
KY			***************************************											
LA					<u> </u>									
ME														
MD														
MA														
MI														
MN														
MS														
МО														
MT														
NE														
NV	· · · · · · · · · · · · · · · · · · ·													
NH NJ														
NM						 								
MINI														

7

					APPEN	DIX			
	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NY									
NC				ſ					
ND									
ОН									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA				<u> </u>			A	1	
WV				<u> </u>		and the second s			
WI		<u> </u>						<u> </u>	<u> </u>
WY									
PR	1		1 .					1	1

